

Ch 20/22  
REC'D MAR 27, 1961  
H 27, 1961  
FOLIO 1  
M  
EASE

PLEASE  
PRINT  
PLAINLY

Collaborator if any

Artist BERNARD S. MANDELL

Address 2267 EDGERTON RD - UNIVERSITY HTS. OHIO Shipping Address \_\_\_\_\_ Tel. F.A.1-2892

## Angiophaga

Please enclose Registration Fee of \$2.00 (Check or Money Order) with Entry Blank.

Tel. FA. 1-2892

SUBMIT ENTRY BLANK NO LATER THAN

Use second blank if required

Permission to print prices on labels granted unless declined here.

**IMPORTANT**

This entry blank must be fully made out, (typewritten or plainly printed) and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1961.

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

**SIGNATURE**